



Joint Commission on Youth SHHR Briefing

Office of the SECRETARY *of* HEALTH AND HUMAN RESOURCES

September 22, 2026

Agenda

- Timeline of Events
 - Initial Incident Report
 - Crisis Management
 - Path to Revocation of License
 - Discharge Details
- Path Forward
 - Immediate Actions
 - Systems Transformation



Timeline of Events

Incident Report

- Elopement occurred at Hallmark on July 7, 2026
- DBHDS and VDSS notified SHHR of the incident
- SHHR monitored incident throughout week of July 7
- Escalated to administration on July 12 - Briefing

Crisis Management

- Required stakeholders to convene daily to brief administration on status
- **Consent decree**
 - Staff Ratios
 - Terminate Staff
 - Facility Conditions
 - HR Policies
 - No new admissions

Revocation of License

- Non-compliance with consent decree
- CPS investigations
 - Referrals
 - Victims Involved



Discharge Details – Where the Youth were Placed?

Since 07/12/26, 81 of 81 youth have been discharged from HMYC. The discharges were facilitated by a joint state and local operation spanning all child-serving agencies (Department of Behavioral Health and Developmental Services (DBHDS), Virginia Department of Social Services (VDSS), Department of Medical Assistance Services (DMAS), Office of Children's Services (OCS), Department of Juvenile Justice (DJJ) and Department of Education (DOE).

Category of Placement	Number of Youth	Category of Placement	Number of Youth
TGH	24	Sponsored Residential	2
Return Home/Kin	19	New FC Placement	3
PRTF	21	Independent Living	1
DJJ Facility	6	State Hospital (CCCA)	1
Shelter	4	Pending Discharge	0

*TGH – Therapeutic Group Home

*CCCA – Commonwealth Center for Children and Adolescents

*PRTF – Psychiatric Residential Treatment Facility

*FC – Foster Care



Interagency Collaboration



Youth Residential System touches multiple agencies within the Health and Human Resources Secretariat as well as partner agencies, like DJJ and DOE.



Reviews applications for licensure; licenses providers and services; monitors provider compliance with regulatory requirements; provides licensing technical assistance and training; and takes enforcement actions



Local Departments of Social Services(LDSS) are responsible for health and safety of the youth in foster care



Fee-for-Service and Managed Care Organizations provide payment for treatment in facilities



Educational Costs are paid through CSA (Children's Services Act); state funds with local match
- May also pay the total cost of the stay if not covered by Medicaid or Medicaid is unavailable

DJJ – Court services oversees court placements

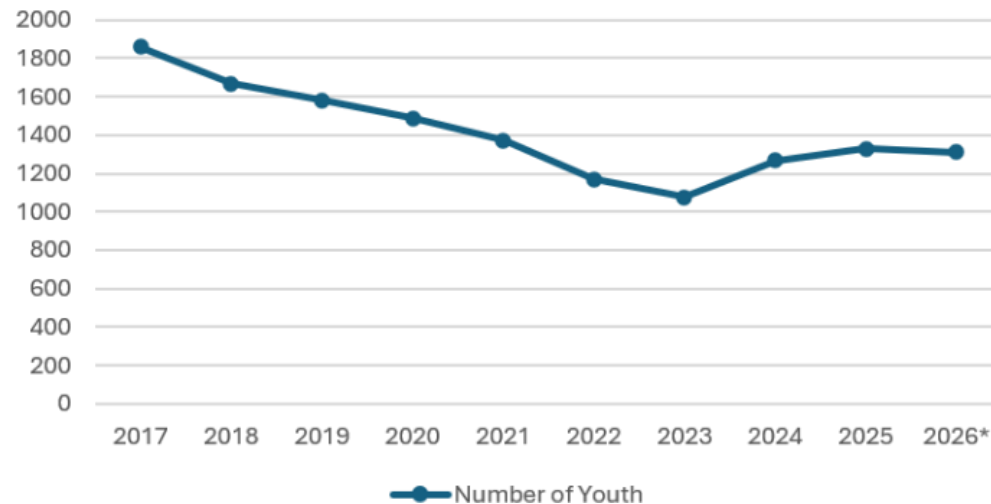
DOE – Grants licenses to school in facilities



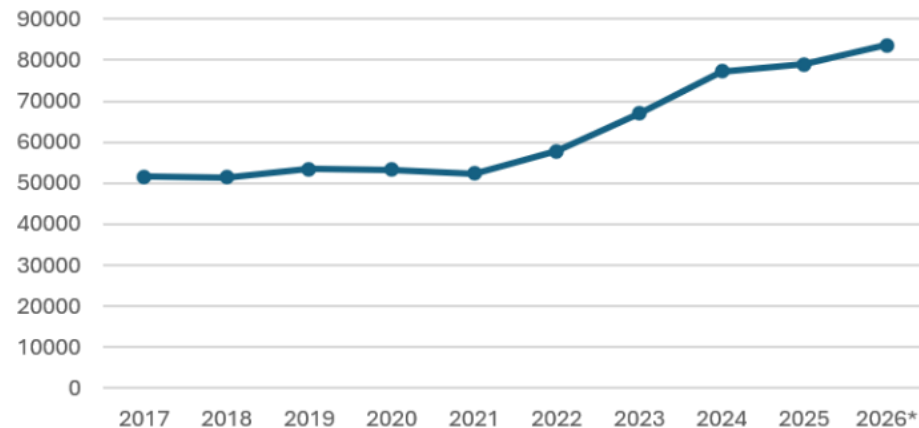
Youth in Residential Settings

Children and families with complex needs frequently interact with multiple state systems, yet coordination remains fragmented and often relies on individual relationships rather than standardized processes. **Virginia's overarching goal is to safely keep children with their families** by providing needed services whenever possible by strengthening prevention services, supporting kinship caregivers, and thereby reducing unnecessary entry into foster care.

Youth Receiving PRTF Treatment Annually



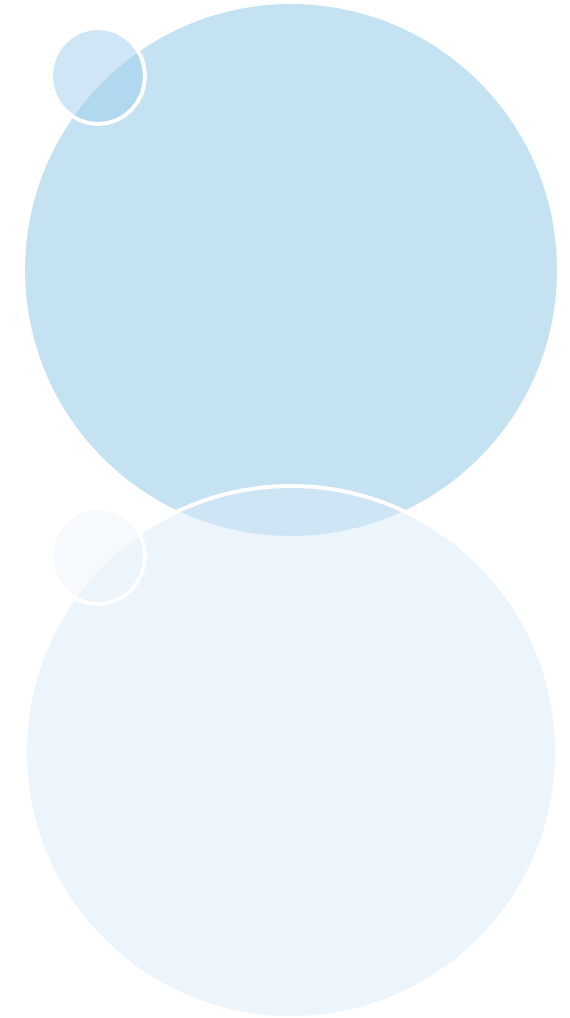
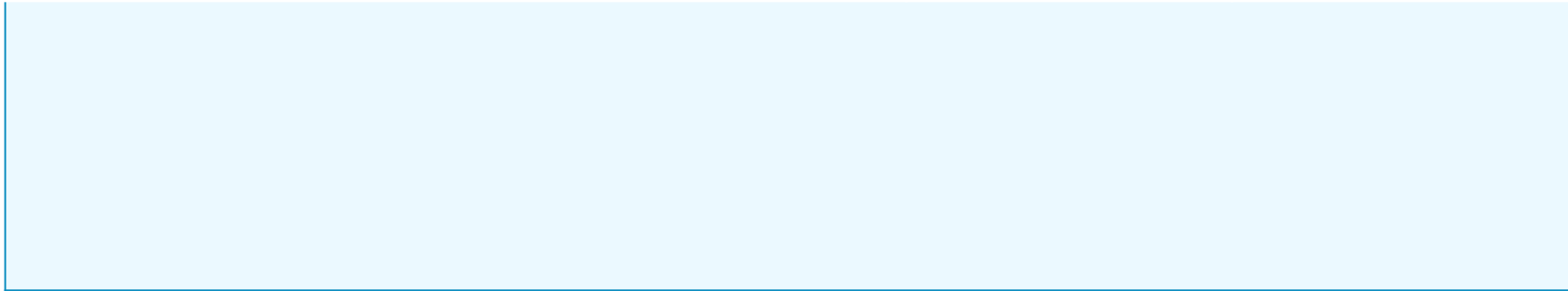
Annual PRTF Cost Per Member Served Annually



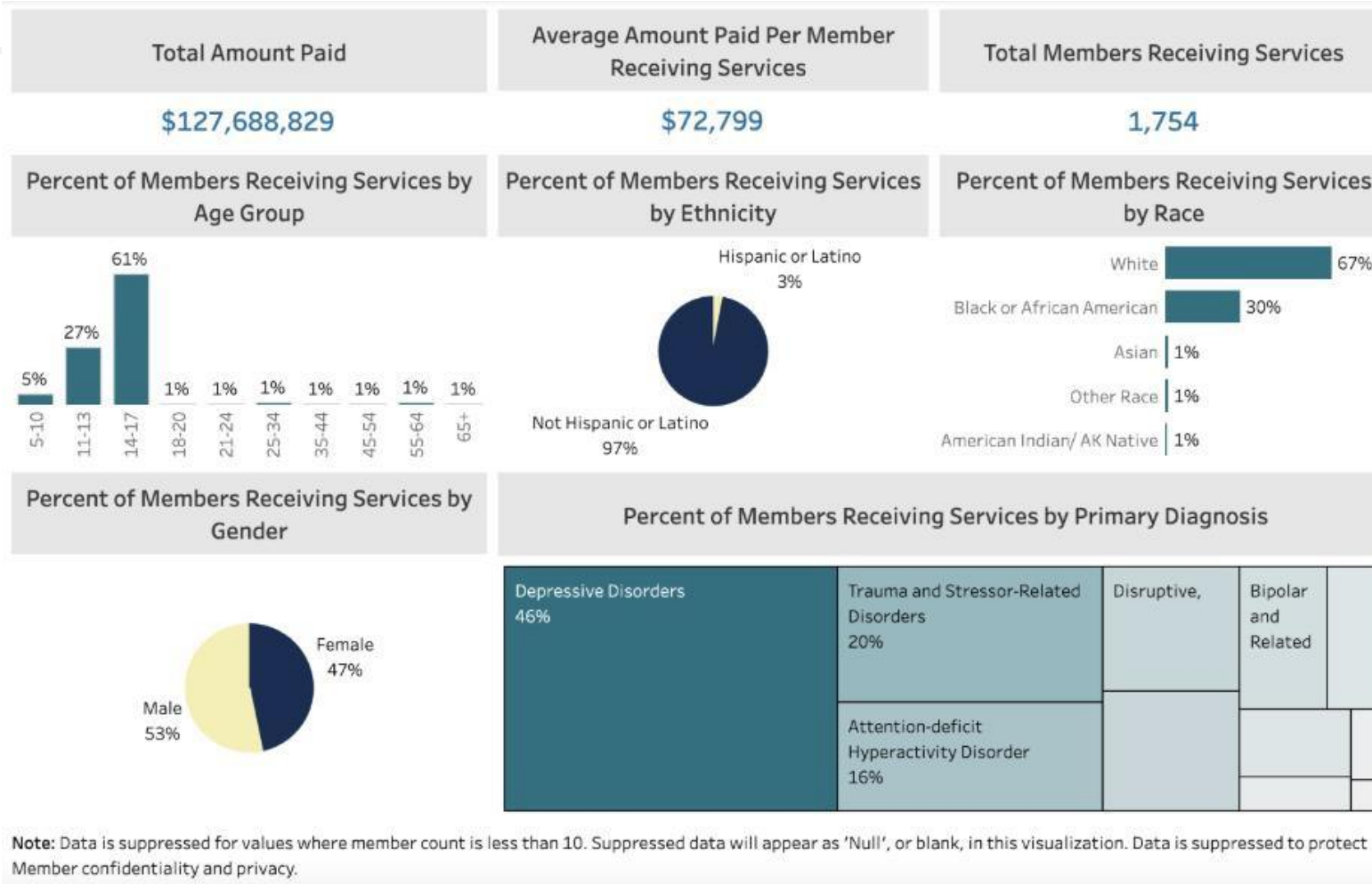
**FY25 data for CSA shows the average length of stay in group home level care was 137 days, and in psychiatric residential placements was 164 days.*

Youth Residential System in Virginia

Type of Setting	Licensing Agency	Number of Providers
Psychiatric Residential Treatment Facilities	DBHDS	22
Therapeutic Group Homes	DBHDS	68 Providers; 16 locations
Children's Residential Facilities	DSS	17
Mental Health Sponsored Residential	DBHDS	12 Providers; 22 locations



Medicaid Payment Data - 2025



Recommendations for Path Forward

Establish Interagency Workgroup to formalize work structure

**Reform system of care to reduce residential settings and promote/
increase community-based care**

Evaluate and redefine compliance process and standards



Interagency Workgroup

Establish interagency working agreement specific to addressing youth with complex system involvement

GOAL

Partnership Across Agencies

DBHDS
VDSS
DMAS
OCS
DJJ-DOE

Requires agencies involved to continue to meet and more proactively address emerging risks.

Prevents youth entry into foster care through cross system early assessment and intervention.



System Evolution



Immediate Recommendations

These actions can be taken without legislative action.

VDSS

- Establish review process for children who are not assigned to Kinship Care
- Re-establish Congregate Care Reviews
 - Coordinate reviews across agencies rather than in silos
 - Establish high-risk protocol and deploy consultants to follow-up
 - Conduct clinical review of “long-stayers”

DBHDS

- Announce enhanced Monitoring of PRTF Level of Care
- Launch Licensing Standards Workgroup



Thank You



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